Road Napa CA 94558 Telephone No.	Nevada DOCPAC Name (print)	Office (if applicable)	District (if combined)
Telephone No. Teleph	185 Greenwood Road, Napa,	CA 94558	District (if applicable (800) 225–0373
This Period	Mailing Address (include city and zip code) 1siadek@thedoctors.com E-Mail Address		
This Period	Select Appropriate Box(es) CANDIDATE X PAC		
1, 2003 - December 31, 2003 FILE			KPAMENDEDANNUAL FILING
a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004	Annual Filing - Due January Period: January 1, 2003 – December 31, 200	15, 2004 3	FILE
a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004	Report #1 — Due August 31, 200)4	AUG 3 0 2004
Period: Jan. 1, 2004 – Aug. 26, 2004 ue — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004 ue — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004 Period: Oct. 22, 2004 – Dec. 31, 2004 Period: Oct. 22, 2004 – Dec. 5, 2004 g — Due January 15, 2005 ry 1, 2004 — December 31, 2004 for 2005 Annual Filling if candidate also filed Report Nos. 1 and 2 IBUTIONS SUMMARY Contributions Received in Excess of \$100 Contributions Received of \$100 or Less This Period Contributions Received of \$100 or Less Monetary Contributions 2) Kind Contributions Received in \$0.00 EXPENSES SUMMARY EXP	Incumbents in an Office with a 6-year term Period:	Jan. 5, 2001 — Aug 26, 2004 Dec. 20, 1998 — Aug 26, 2004	
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ue — January 15, 2005* Period: Oct. 22, 2004 – Dec. 31, 2004 Period: Oct. 22, 2004 – Dec. 31, 2004 Period: Oct. 22, 2004 – Dec. 5, 2004 g — Due January 15, 2005 ry 1, 2004 — December 31, 2004 for 2005 Annual Filling if candidate also filed Report Nos. 1 and 2 IBUTIONS SUMMARY This Period Contributions Received in Excess of \$100 Contributions Received of \$100 or Less This Period Contributions Received of \$100 or Less This Period Contributions Received in Contributions Received in Contributions Received in Contributions Received in EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY Appenses Paid in Excess of \$100 Contributions Received in Solution Summary Summar	Report #2 Due — October 26, 20	-	
Period: Oct. 22, 2004 — Dec. 31, 2004 Period: Oct. 22, 2004 — Dec. 5, 2004 g — Due January 15, 2005 ry 1, 2004 — December 31, 2004 for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2 IBUTIONS SUMMARY This Period Contributions Received in Excess of \$100 Contributions Received in Excess of \$100 Contributions Received of \$100 or Less This Period Contributions Received in Excess of \$100 Contributions Received in Excess of \$100 Contributions Received in Excess of \$100 or Less This Period Cumulative From Beginning of Report Period #1 Through In Through In Through Expending Period EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES SUMMARY EXPENSES Paid in Excess of \$100 penses Paid of \$100 or Less All Monetary Expenses Paid Solution Expenses in Excess \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Period:	Aug. 27, 2004 — Oct. 21, 2004	FOR OFFICE USE ONLY
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All Monetary Expenses Paid 6) \$0.00			e 0.00
5) \$0.00	5. Total Monetary Expenses Paid in Excess of	\$100	
and Expenses in Excess	 Total Monetary Expenses Paid in Excess of Total Monetary Expenses Paid of \$100 or Le Total Amount of All Monetary Expenses P 	\$100 ess	\$0.00
₽ ∪.∪∪	 Total Monetary Expenses Paid in Excess of Total Monetary Expenses Paid of \$100 or Le Total Amount of All Monetary Expenses P (Add Lines 5 and 6) 	\$100 ess	\$0.00
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	 Total Monetary Expenses Paid in Excess of Total Monetary Expenses Paid of \$100 or Le Total Amount of All Monetary Expenses P (Add Lines 5 and 6) Total Value of In Kind Expenses in Excess of \$100 	\$100 ess Paid \$0.00 AFFIRMATION	\$0.00 \$0.00
	 Total Monetary Expenses Paid in Excess of Total Monetary Expenses Paid of \$100 or Le Total Amount of All Monetary Expenses P (Add Lines 5 and 6) Total Value of In Kind Expenses in Excess of \$100 	\$100 ess Paid \$0.00 AFFIRMATION	\$0.00 \$0.00

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Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
David S. Hoskins 838 Mahogany, P.O. Box 2200 Minden, NV 89423	01/09/04	\$50.00	
Neurosurgical Assoc. of NV 3196 Maryland Pkwy, Suite 1 Las Vegas, NV 89109	06 01/12/04	\$50.00	
Pamela E. Netuschil 3720 Fairview Rd. Reno, NV 89511	01/13/04	\$50.00	
Professional Psych. Srvcs. Jeffrey B Caplan, MD, Ltd. 681 Sierra Rose Dr. Reno, NV 89511	01/13/04	\$50.00	
W J Diamond 9436 Double R Blvd. Ste.B Reno, NV 89521	01/16/04	\$200.00	
Covance Central Diagnostics 9390 Gateway Dr. Reno, NV 89521	01/27/04	\$200.00	
Kent W. Gabriel, MD 141 Weiss Rd. Carson City, NV 89703	01/27/04	\$50.00	
Keith E. Louwenaar, MD 19101 Panorama Dr. Baratoga, CA 95070 Bindy L. Lamerson, MD	01/30/04	\$84.37	
750 Cougarcreek Trail eno, NV 89509 evin M. Dinwiddie, MD	02/04/04	\$84.37	
.0. Box 6010 1ko, NV 89802 M Postman, MD	02/04/04	\$50.00	
751 Lakeridge Shores eno, NV 89509 H Baldecchi, MD	02/04/04	\$56.25	
Wild Sage Circle	02/05/04	\$84.37	
izabeth V. Guenzel, MD 30 Laxalt Way ko, NV 89801 ul M Katz, MD	02/09/04	\$56.25	
00 Summit Ridge Dr., #823 no, NV 89523 rry M Silver, MD	02/10/04	\$56.25	
0. Box 668 ystal Bay, NV 89402 rrence B. Higgins, MD	02/10/04	\$31.25	
	02/10/04	\$50.00	

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Nevada DOCPAC Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
William J. Lloyd, Jr., MD 741 Aspen Trial Reno, NV 89509	02/11/04	\$56.25	IF LOAN
Paul W. Mausling P.O. Box 1680 Fallon, NV 89406	02/13/04	\$56.25	
Warrent J MacLellan, MD 1430 Skyline Blvd. Reno, NV 89509	02/18/04	\$50.00	
George A. Winch, Jr., MD P.O. Box 2724 Elko, NV 89801	02/24/04	\$54.54	
Marcia J. Howton, MD 8175 S Virginia St., #850 Reno, NV 89511	02/25/04	\$50.00	
Randall A. Pierce, MD 2907 Shale Creek Dr. Reno, NV 89511	02/27/04	\$50.00	
Preventive Medical Corp. of America P.O. Box 27740, 5300 W Shara Ave., Suite 101	08/05/04	\$37.50	
Las Vegas, NV 89126			
			-

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Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE	
Office expenses	A	
Expenses related to volunteers	В	-
Expenses related to travel	С	
Expenses related to advertising	D	
expenses related to paid staff	E	
xpenses related to consultants	F	
xpenses related to polling	G	
spenses related to special events	н	
Goods and services provided in kind for which money would otherwise have been paid	1	
ner miscellaneous expenses	J	
penses related to NRS 294A.160 (Disposition of Unspent Contributions)	К	

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Nevada	a DO	CDAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
None	None	00/00/00	\$0.00

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 8 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHEC HERE IF LOAN
None	None	None	None	None
				

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Name (print)	Office (if applicable)	District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 13 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None	None	None	None

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362 EL201.doc

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